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**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL
107528276

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	31	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
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TOTAL DEP.		←		←		←
TOTAL CLAIMS						